

FAX-ON-DEMAND DOCUMENT #1000

**2006 MACOMB COUNTY DIRECTORY
FAX REQUEST**

PLEASE PRINT

TO: DIRECTORY REQUEST - CLERK'S OFFICE

FROM: _____

PHONE NUMBER: _____

RE: 2006 MACOMB COUNTY DIRECTORY REQUEST

TODAY'S DATE: _____

I would like to receive _____ number of directories (limit of 3) sent to:

NAME: _____

STREET ADDRESS: _____

CITY: _____

STATE: _____

ZIP CODE: _____

FAX THIS COMPLETED FORM TO: (586) 783-8184